



Colorado Health Partnerships, LLC

Pikes Peak ♦ SyCare ♦ West Slope Casa ♦ ValueOptions

3/30/2009

Provider Name

Address

RE: CHN's Performance Improvement Project: **Coordination of Care between Physical and Behavioral Health Providers** required by the Department of Health Care Policy and Financing, State of Colorado

Dear <<Provider>>:

Colorado Health Networks is participating in a state mandated Performance Improvement Project designed to improve coordination of care between physical and behavioral health providers. **The purpose of this letter is to inform you of new requirements for coordinating care with physical health providers for Medicaid clients diagnosed with schizophrenia, schizoaffective and bipolar disorders. We anticipate these new requirements will result in improved care coordination for this population.**

It is the policy of CHN to assure the best possible care is provided to our clients. This includes the facilitation of care coordination between behavioral health and physical health providers, especially for those clients who are at a high risk of developing co-morbid disorders. CHN conducted an audit of 411 charts, which constituted a representative sample, for clients with the diagnoses listed above to determine the degree to which coordination was occurring for clients in treatment. Our findings included:

- 46% of the charts had documentation (a note or letter) of communication with a physical health provider
- 73% of the charts showed documentation of a PCP (or other regular physician) in the chart

To improve our rate of coordination with physical health providers for this high-risk population, we developed a policy with requirements for communication with physical health providers, described on the attached sheet titled, *Client Care Coordination Requirements between Behavioral and Physical Health Providers*.

To facilitate the required communication, included is a form designed to assist providers to communicate the required information to the physical health provider; use of this form is not mandatory.

A follow-up chart audit will be done over the next year to determine whether the frequency of communication with physical health providers has increased. Information about this Performance Improvement Project will be posted to the www.chnpartnerships.com website as well. If you have any questions about the Project or the coordination requirements, please call: Erica Arnold-Miller, Director of Quality Management at (719) 538-1450 or (800) 804-5040, extension 361450.

Thank you in advance for working with us to improve care for our Medicaid clients.

Sincerely,

A handwritten signature in black ink that reads "Erica Arnold-Miller".

Erica Arnold-Miller, MBA
Director of Quality Management
Colorado Health Networks

Enclosures



Colorado Health Partnerships, LLC

Pikes Peak ♦ SyCare ♦ West Slope Casa ♦ ValueOptions

***Client Care Coordination Requirements
Between Behavioral and Physical Health Providers***

For Medicaid clients in your care who are diagnosed with schizophrenia, schizoaffective disorder or bipolar disorder, the following procedures are required:

1. Request and document in the client's clinical record the name and address of any physician who provides treatment to the client on a regular basis.
2. Update the client's record if there is a change in the client's regular physician, and verify the name/contact information of the client's physician at least annually.
3. Request permission to communicate with the client's physical healthcare provider(s) using a release of information form. If the client refuses to permit communication with their physical healthcare provider, document the refusal in the client's record.
4. If the client does not have a regular physician, recommend and encourage the client to establish a relationship with a PCP/physician and provide information to assist the client in identifying a physician in or near their community (see enclosure with this letter which can be given to the client).
5. Communication to physical health providers is required as specified below:
 - a. Following initial psychiatric or clinical assessment, informing the physician that the client has accessed behavioral health treatment;
 - b. Following a prescription for a new medication (for prescribers only);
 - c. Following a request from a physical healthcare provider for information, or for communication at specified intervals.
6. The initial communication to a physical healthcare provider will include the following information:
 - a. Current Axis I and Axis II Diagnoses;
 - b. Current psychiatric medications;
 - c. The name of a contact person at the provider's office, if other than the provider.
7. Communication of information to a physical healthcare provider may be written or verbal. Documentation of all communications and copies of any correspondence shall be maintained in the client's treatment record.

To facilitate the required communication, a form is included with this packet designed to assist providers to communicate the required information to the physical health provider; use of this form is not mandatory.